



PATENT APPLICATION  
Docket No.: 10209.383

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	CLAUDE JARAKAE JENSEN, ET AL.	)	
		)	
Serial No.:	10/036,152	)	
		)	
Filed:	December 31, 2001	)	RESPONSE TO
		)	OCTOBER 19, 2004
		)	OFFICE ACTION
Title:	METHOD FOR TREATING CARBON	)	
	TETRA-CHLORIDE INDUCED LIVER	)	
	DAMAGE BY ADMINISTERING	)	
	MORINDA CITRIFOLIA	)	
		)	
Examiner:	Susan Coe—Art Unit 1654	)	

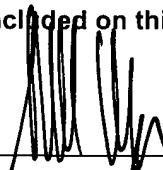
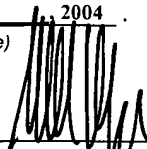
Commissioner for Patents  
Post Office Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This correspondence is responsive to the Office Action mailed October 19, 2004, for the above-referenced application. The following Amendment and Response addresses every rejection set forth in the Office Action, thus placing the application in condition for allowance.

FW DAC \$ cc

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 10209.383	
Applicant(s): Claude Jarakae Jensen et al.					
Application No. 10/036,152	Filing Date December 31, 2001	Examiner Susan Coe	Customer No. 21999	Group Art Unit 1654	Confirmation No. 3964
Invention: METHOD FOR TREATING CARBON TETRA-CHLORIDE INDUCED LIVER DAMAGE BY ADMINISTERING MORINDA CITRIFOLIA					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	33 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 500843 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: Nov. 12, 2004		
Michael F. Krieger Registration No. 35,232 Kirton & McConkie 1800 Eagle Gate Tower 60 East South Temple Salt Lake City, Utah 84111 Tel: (801) 328-3600 Fax: (801) 321-4893			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>Nov. 12, 2004 (Date)</p><p> _____ Signature of Person Mailing Correspondence</p><p>Michael F. Krieger _____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					